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Department of the Treasury Internal Revenue Service

For calendar year 2011 or other tax year beginning 07/01, 2011, and ending 06/30, 2012 See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only

Header section containing organization name (NEW JERSEY ASSOCIATION OF THE DEAF-BLIND, INC), address (24K WORLD'S FAIR DRIVE, SOMERSET, NJ 08873), EIN (22-2462247), and other identifying information.

H Describe the organization's primary unrelated business activity ATTACHMENT 1

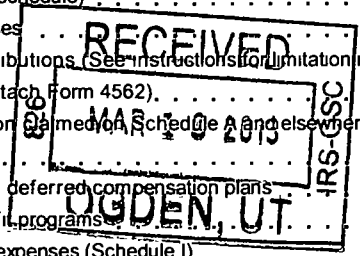
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [ ] No [X]

J The books are in care of VICKY CALABRO Telephone number 732-805-1912

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts (513,002), Cost of goods sold (258,114), and Total (254,888).

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers (78,554), Charitable contributions (12,783), and Total deductions (32,002).



SCANNED APR 10 2013

ATTACHMENT 2

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Rows include Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Rows include Foreign tax credit, Other credits, General business credit, Total credits, Subtract line 40e from line 39, Other taxes, Total tax, Payments, Total payments, Estimated tax penalty, Tax due, Overpayment, and Refunded.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Questions regarding foreign financial accounts, foreign trusts, and tax-exempt interest.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation

Table with 3 columns: Description, Line Number, Amount. Rows include Inventory at beginning of year, Purchases, Cost of labor, Additional section 263A costs, Inventory at end of year, Cost of goods sold, and Total.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer, Date, Title, and a box for May the IRS discuss this return with the preparer shown below.

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

NEW BRUNSWICK, NJ 08901

Form 990-T (2011)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

**1. Description of property**

(1)
(2)
(3)
(4)

**2. Rent received or accrued**

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
<b>Total</b>	<b>Total</b>	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A). . . . . ▶

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ▶

**Schedule E - Unrelated Debt-Financed Income (see instructions)**

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b> . . . . . ▶			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).

**Total dividends-received deductions** included in column 8 . . . . . ▶

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)**

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 9, column (A)		Enter here and on page 1, Part I, line 9, column (B)

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> . . . . . ▶		Enter here and on page 1, Part I, line 10, col (A)	Enter here and on page 1, Part I, line 10, col (B)			Enter here and on page 1, Part II, line 26

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) . . . ▶						

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>(5) Totals from Part I</b>		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I line 11, col (B)			Enter here and on page 1, Part II, line 27
<b>Totals, Part II (lines 1-5)</b> . . . . . ▶						

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) ATCH 3		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14. . . . . ▶			

**ESTIMATED TAX WORKSHEET FOR FORM 990-W**

A	2012 Estimated Tax		A	
B	Enter 100 % of Line A	B		
C	Enter 100 % of tax on 2011 FORM 990-T	C	2,726.	
D	Required Annual Payment (Smaller of lines B or C)	D		2,726.
E	Income tax withheld (if applicable)	E		
F	Balance (As rounded to the nearest multiple of )	F		2,728.

**Record of Estimated Tax Payments**

Payment number	(a) Date	(b) Amount	(c) 2011 overpayment credit applied	(d) Total amount paid and credited (add (b) and (c))
1	10/15/2012	682.		682.
2	12/15/2012	682.		682.
3	03/15/2013	682.		682.
4	06/15/2013	682.		682.
<b>Total</b>		2,728.		2,728.

ESTIMATED PAYMENTS MUST BE MADE USING THE ELECTRONIC FEDERAL TAX PAYMENTS SYSTEM (EFTPS). THIS WORKSHEET MERELY PROVIDES THE AMOUNTS WHICH NEED TO BE PAID VIA THE ABOVE METHOD.

ATTACHMENT 1

ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

OPERATION OF A COMPANY STORE THAT PROVIDES COMPETITIVE EMPLOYMENT FOR PEOPLE WHO ARE BLIND AND VISUALLY IMPAIRED AS SALES ASSOCIATES IN A RETAIL GIFT SHOP.

ATTACHMENT 2

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

MATERIALS AND SUPPLIES	1,134.
TRAVEL	571.
DUES AND SUBSCRIPTIONS	109.
CREDIT CARD FEES	11,426.
OTHER EXPENSES	13,473.
PROFESSIONAL FEES	4,174.
INSURANCE	917.
TRAINING	178.
ADVERTISING	20.
 PART II - LINE 28 - OTHER DEDUCTIONS	 <u>32,002.</u>



SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
VICKY CALABRO 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	PRESIDENT	0	0
JENNIFER RECTOR 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	EXECUTIVE DIRECTOR	0	0
JOHN REDMOND 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	CHAIRPERSON	0	0
JUNE MURTHA 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	VICE PRESIDENT	0	0
SALLY MYERS 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	SECRETARY	0	0
ANDREW C. TUPLER 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	TREASURER	0	0
PETER GRUENBERG 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	MEMBER	0	0
JANET LUTON-PERANTONI 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	MEMBER	0	0
ART WILDE 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	MEMBER	0	0
THOMAS OLSEN 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	MEMBER	0	0

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

<u>NAME AND ADDRESS</u>	<u>TITLE</u>	<u>BUSINESS PERCENT</u>	<u>COMPENSATION</u>
OLIVIA JUNG 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	DIRECTOR OF FINANCE	0	0
MARGARETE ANDREWS 24K WORLD'S FAIR DRIVE SOMERSET, NJ 08873	ASST EXECUTIVE DIRECTOR	0	0
TOTAL COMPENSATION			<u>0</u>